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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/720,448 11/24/2003 ABN
 which is a CIP of 10/693,059 10/23/2003
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 and said PCT/US03/05346 02/20/2003
 claims benefit of 60/358,580 02/20/2002
 and said PCT/US03/05028 02/20/2003
 claims benefit of 60/358,580 02/20/2002
 and said PCT/US03/05346 02/20/2003
 claims benefit of 60/363,124 03/11/2002
 and said PCT/US03/05028 02/20/2003
 claims benefit of 60/363,124 03/11/2002
 and said PCT/US03/05346 02/20/2003
 claims benefit of 60/386,782 06/06/2002
 and said PCT/US03/05028 02/20/2003
 claims benefit of 60/386,782 06/06/2002
 and said PCT/US03/05346 02/20/2003
 claims benefit of 60/406,784 08/29/2002
 and said PCT/US03/05028 02/20/2003
 claims benefit of 60/406,784 08/29/2002
 and said PCT/US03/05346 02/20/2003
 claims benefit of 60/408,378 09/05/2002
 and said PCT/US03/05028 02/20/2003
 claims benefit of 60/408,378 09/05/2002
 and said PCT/US03/05346 02/20/2003
 claims benefit of 60/409,293 09/09/2002
 and said PCT/US03/05028 02/20/2003
 claims benefit of 60/409,293 09/09/2002
 and said PCT/US03/05346 02/20/2003
 claims benefit of 60/440,129 01/15/2003
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 claims benefit of 60/440,129 01/15/2003

** FOREIGN APPLICATIONS *****

none

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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 13	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

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TITLE

Inhibition of gene expression using duplex forming oligonucleotides

<p>FILING FEE RECEIVED 468</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<p><input type="checkbox"/> All Fees</p> <p><input type="checkbox"/> 1.16 Fees (Filing)</p> <p><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</p> <p><input type="checkbox"/> 1.18 Fees (Issue)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit</p>
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